



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 06 2014

Ms. Charity A. Lytle, Owner
Lytle's Personal Care Home, LLC
4508 National Pike
Markleysburg, Pennsylvania 15459

RE: Lytle's Personal Care Home, LLC
License #: 443910

Dear Ms. Lytle:

As a result of the Department of Public Welfare's licensing inspection on January 17, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 7, 2014 to March 7, 2015 was issued on November 19, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| PCH Name: LYTLE S PERSONAL CARE HOME LLC | | License Number: 44391 |
| Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459 | | County: Fayette |
| Administrator: Geraldine Kamp | | Region: WEST |
| Legal Entity Name: LYTLES PERSONAL CARE HOME LLC | | |
| Legal Entity Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459 | | |
| Certificate(s) of Occupancy C-2 LP 03/24/1994 L&I | | RECEIVED MAR 21 2014 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 32 | Waking Staff: 24 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal, Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site 01/17/2014: Williams, Jason; Glidden, Michelle | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 30 Number of Residents Served: 30 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 10 | Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 19 Have Mental Illness: 8 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 1 | |

Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
The home's most current violation reports, dated 1/23/13 and 9/10/13, were not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

violation report was posted at front door day of inspection.

The admin or owner will check monthly to make sure current violation report are posted.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>3-25-14</u> (Date) | Plan of correction implementation status as of <u>3-25-14</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

MAR 21 2014

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written contract (contract) between the resident and the home shall be in place.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1, dated 7/26/06, is between the resident and Kamp's Personal Care Home. The home underwent a change of legal entity in January of 2013 and a new contract with Lytle's Personal Care Home was never created.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A new contract was done between
Lytle's PCH and resident #1.

3-1-14 The administrator will review all resident records
to ensure each resident has a completed
contract with Lytle's Personal Care Home LLC.
JJP 3-25-14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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(Date)

Plan of correction implementation status as of 3-25-14
(Date)

The above plan of correction was approved by JJP
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JJP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract dated 7/24/13 for Resident #2 is not signed by the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 2 signed contract

Admin and owner will check all contracts for completeness before filing in chart.

5-1-14 the administrator will review all current resident contracts for completion and signatures. JPP 3-05-14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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- Fully Implemented
- Partially Implemented - Adequate Progress *JPP*
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Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58, Pa.Code §2600

2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION

Resident #3 receives SSI. The contract dated 8/1/13 for this resident does not specify the amount that the resident shall retain as a personal needs allowance. The current personal needs allowance is \$85.00.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 3 contract completed for allowance

Admin and owner will check all contracts for completeness before filing in chart.

5-1-14 the administrator will review all current resident contracts for completeness including the current personal needs allowance of \$85 which will be retained by the resident. JPP 3-25-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity A Lytle

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Charity A Lytle (owner)

Date 3/14/14

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(Date)

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(Initials)

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- Not Implemented

MAR 21 2014

Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The contract dated 7/24/13 for Resident #2 does not list the monthly charge for room and meals.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident contract completed for resident #2.

Admin and owner will check all contracts for completeness before filing in chart

5-1-14 the administrator will review all current resident contracts for completeness including the actual amount of allowable resident charges for each of the home's available services.
3-25-14 JPP

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(6) - The contract shall specify the conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

2a. DESCRIPTION OF VIOLATION

The contract dated 7/24/13 for Resident #2 and the contract dated 7/10/13 for Resident #4 do not specify the conditions under which refunds will be made upon the resident's death.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Contracts for resident #2 + #4 have been updated. Copies enclosed.

to prevent this from occurring again all resident contracts will be checked by admin + owner for completeness

5-14 the administrator will review all current resident contracts for completeness including the specific conditions under which refunds will be made upon the resident's death. 3-25-14 GPP

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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The above plan of correction was approved by: *OKP* (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 44391 - 01/17/2014 - Williams, Jason
 PCH Name: LYTLE S PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION

The following contracts do not include the charges for holding a bed during hospitalization or other extended absence from the home.

- The contract dated 7/24/13 for Resident #2
- The contract dated 8/1/13 for Resident #3
- The contract dated 7/10/13 for Resident #4

3-25-14

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Contracts for Resident #2 #3 + #4 have been updated. Copies enclosed.

to prevent this from occurring again all resident contracts will be checked by admin and owner for completeness before putting in chart.

(The home does not charge to hold a bed during hospitalization or other extended absences from the home. JPP 3-25-14)

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

MAR 21 2014

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

-Residents #1, #2, #5, #6 and #7 currently check their blood sugar with glucometers which are stored in the home's medication cart. Only the glucometer for Resident #6 is labeled with the resident's name. Staff person A, who passes medication, was unable to identify which residents the other 4 glucometers belonged to.

-There were no paper towels available in the bathroom near bedroom #8 or the second floor bathroom near bedroom #1. No other hand drying options were available in these bathrooms.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Glucose monitors for resident #1, #2, #5, #6 + #7 have been labeled with their names.
Staff members were educated to use labeled monitors for those residents only.
5-14 A designated staff person will inspect the home weekly for sanitary conditions including paper towels available in all bathrooms. JHP 3-25-14

Admin or owner to check monitors ~~weekly~~ monthly for labels.

paper towels were replaced day of inspection.

Bathrooms are cleaned at least 3 times a day. Staff to ensure paper towels are in place at each cleaning.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit does not contain adhesive tape.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Adhesive tape was placed in first Aid kit the day of inspection.

Admin or owner will check first Aid kit monthly for all contents that are needed.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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The above plan of correction is approved as of 3-25-14 (Date)

Plan of correction implementation status as of 3-25-14 (Date)

The above plan of correction was approved by *JSP* (Initials)

- Fully Implemented *JSP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44391 - 01/17/2014 - Williams, Jason

PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home keeps the emergency preparedness plan for the home as well as the plan for the municipality locked in the administrator's office which is not a conspicuous and public place.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The emergency preparedness plan for the home and the municipality Plan were posted the day of inspection at the front door.

The administrator or owner will check monthly to make sure Plans are still posted.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity A Lytle

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Charity A Lytle (owner)

Date

3/14/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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3-25-14
(Date)

Plan of correction implementation status as of

3-25-14
(Date)

- Fully Implemented *JSP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JSP
(Initials)

MAR 21 2014

Violation Report: 44391 - 01/17/2014 - Williams, Jason

PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's furnace has not been inspected by a professional furnace cleaning company or trained maintenance staff person within the past 12 months.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Home furnace was inspected on 3/7/14.

receipt attached.

5-1-14 the administrator will monitor the furnace inspection records to ensure the furnace is inspected annually by a professional furnace cleaning company or trained maintenance staff person. PCH 3-25-14

| | | | | |
|----------------------|-----------------------------------|--|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | | |
|----------------------|-----------------------------------|--|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

RECEIVED

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

MAR 21 2014

**WEST REGION FIELD OFFICE
Human Services Licensing**

2a. DESCRIPTION OF VIOLATION

-The medical evaluation dated 5/20/13 for Resident #1 does not address health status.

-The medical evaluation dated 7/11/13 for Resident #4 does not contain a medication regimen. Under the medication section it states "see attached" but there is nothing attached to the medical evaluation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Health status for resident #1 was addressed with doctor she marked health status and initialed in appropriate area.
5-1-14 the administrators will review all current residents medical evaluations for completeness including health status and medications prescribed. JSP 3-25-14
Admin or owner will check each medical evaluation for completeness before putting in chart

Copy of physician orders were put with medical evaluation.

Admin or owner will check each medical evaluation for completeness before putting in chart

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Charity A Lytle (owner)

Date 3/14/14

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(Date)

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(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JSP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44391 - 01/17/2014 - Williams, Jason
 PCH Name: LITTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The vials of Lantus 100u/ML and Humalog 100u/ML for Resident #3 were not dated when they were opened. These medications are currently being administered to the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

new vials of Lantus and Humalog were ordered from the pharmacy and dated. Staff that give medications were re-educated to date new insulin and to check for when it needs replaced every day.

5-1-14 the administrator will check all medications monthly to ensure no medications are expired and insulin vials are dated when opened. JSP 3-25-14

To prevent this from ~~re-occur~~ happening again staff are to check dates every day on insulin bottles.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Charity A Little*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Charity A Little (owner)* Date *3/19/14*

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Violation Report: 44391 - 01/17/2014 - Williams, Jason
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is administered Vitamin D2 50,000 units, one capsule by mouth weekly on Fridays. The medication administration record has been initiated for this medication being administered from January 1 thru January 17, 2014. The medication was not administered Saturday thru Thursday during this time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Pharmacy was notified to only allow the staff to mark off weekly vitamin D. Staff that gives meds were educated to only give vitamin D2 to this Resident weekly. The violation states it was Resident #3 but it was really Resident #4.

5-1-14 All staff persons administering medications will be reeducated on administering medication including frequency of administration and documentation of medication administration. Documentation shall be kept for 3-25-14 to prevent this again staff will be notified when someone is being placed on a weekly medication.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date *3/14/14*

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 Partially Implemented - Inadequate Progress
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MAR 21 2014

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PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 8/1/13 but did not have an assessment completed until 8/26/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All resident ~~contract~~^{error} assessments will be done within 15 days of admission. By either the admin or owner.

Admin and owner will check dates on assessments to ensure they are being done within the 15 day window.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/10/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity A Lytle (owner)* Date: *3/14/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-25-14 (Date)

The above plan of correction was approved by *JHP* (Initials)

Plan of correction implementation status as of 3-25-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JHP*
- Partially Implemented - Inadequate Progress
- Not Implemented